

**BUILDING CONSTRUCTION, HOME IMPROVEMENT AND SPECIALTY
CONTRACTOR REGISTRATION APPLICATION**

**CITY OF CINCINNATI – DEPARTMENT OF PLANNING – BUILDINGS AND INSPECTIONS DIVISION
3300 CENTRAL PARKWAY – CINCINNATI, OHIO – 45225 – 513. 352.3260 (PHONE) – 513. 352.1504 (FAX)
WWW.CINCINNATI-OH.GOV**

Note: For application requirements for ANY registration, refer to Cincinnati Municipal Code Chapter 1106 General and Specialty Contractors

Please check one of the following contractor registration categories and if applicable, select one of the specialties from the attached list.
If the description is left blank, you will be listed as a general contractor on our web site.

This application is for registry as a:

☐ Building Construction Contractor specializing in _____
☐ Home Improvement Contractor specializing in _____
☐ OCILB Contractor licensed in the following trade: Electrical _____ Mechanical _____ Plumbing _____ Hydronics _____ Refrigeration _____
☐ Contractors License Number _____

PART I: APPLICANT/REGISTRANT INFORMATION

Application Date _____

I, the undersigned hereby apply for a Contractor Registration, in the City of Cincinnati, Ohio, and for that purpose give the following information and answers to ALL of the questions contained in this application:

Name _____

Home Address _____ City/State/Zip _____

Home Telephone _____ Business Telephone _____

E-mail Address _____

PART II: BUSINESS/COMPANY INFORMATION

Business Name _____

Business Mailing Address _____ City/State/Zip _____

Business E-mail Address _____ Fax # _____

Business Type (Check One) Individual Only _____ Sole Proprietorship _____ Partnership _____ Corporation _____

Do you have employees who live or work in Cincinnati? (Check One) Yes _____ No _____

Other (specify) _____

PART III: STATEMENT BY APPLICANT

I hereby certify that, to the best of my knowledge and belief, all statements made herein or attached are complete and accurate. I understand that any false statements later disclosed may cause loss of my right of registration, and may subject me to prosecution under Ohio Revised Code Section 2921.13

Date _____ Signature of Applicant _____

SWORN to before me and subscribed in my presence this _____ day of _____, in the year _____

Notary Public _____ My Commission Expires _____

NOTARY SEAL HERE

Official Use Only

ISSUE DATE OF REGISTRATION _____

REGISTRATION # _____